CITY OF TEMPE Community Development Development Services 31 East 5th Street Tel: 480-350-8341 Fax: 480-350-8677

REQUEST FOR MODIFICATION / ALTERNATE MATERIALS DESIGN OR METHOD OF CONSTRUCTION



Date:			
Project Name:	DS#		
Project Address:			
Applicant (print):			
Applicant Address:			
	Zip		
Applicant's Relationship to Project:			
Applicant's Email Address:			
Applicant Phone:			
Attach Request with AT LEAST the following information:			
Specify the code, code section and the prescriptive require	irements related to this request.		
 State special individual reasons why conformance with prescriptive requirements is impractical. Describe the proposed modification or alternative. Explain how the proposed modification or alternative is equivalent to the prescriptive requirements of the code and how it will not lessen health, accessibility, life and fire safety, or structural code requirements. Describe how is it at least the equivalent of that prescribed in the technical codes for quality, strength, effectiveness, fire resistance, durability and safety. 			
		5) Attach supporting documents, tests results, research repo	orts, etc.
Applicant Signature	Applicant Title		
APPROVED	RESIDENTIAL REQUEST - \$197		
APPROVED WITH STIPULATIONS	COMMERCIAL REQUEST - \$393		
DENIED	☐ PAID		
MOD. NO			
	Building Official		